| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| FEE DETERMINATION | PS | 66621 | 10/27 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | 69055 | 11-29-00 |
| RESPONSE FORMALITY REVIEW | | 66665 | 3-6-01 |

## INDEX OF CLAIMS

| ✔ | ............................. Rejected | N | ............................. Non-elected |
|---|---|---|---|
| = | ............................. Allowed | I | ............................. Interference |
| – | (Through numeral)... Canceled | A | ............................. Appeal |
| | ............................. Restricted | O | ............................. Objected |

| Claim | | Date | Claim | | Date | Claim | | Date |
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| Final | Original | | Final | Original | | Final | Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

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Form PTO-436A
(Rev. 8/89)

WARNING:
The information d
Possession outsid